

Page 1 of 2

COMPLAINT OF EMPLOYMENT DISCRIMINATION			
1. NAME (Last, first, middle initial) (Please print) <i>Stewart, Harvey L. Jr</i>		2. MAILING ADDRESS <i>P.O. Box 272888 Bldg 7:15 Fairhaven, Ma 02719</i>	
4. ARE YOU: <input checked="" type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE		5a. JOB TITLE, SERIES AND GRADE <i>Health Technician / Case Manager GS - 640/6</i> 5d. SERVICE/SECTION/PRODUCT LINE <i>Community Service Mental Health Service Line</i>	
6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED <i>Brockton, VA MC 940 Belmont St Brockton, Ma 02301</i>		3a. WORK TELEPHONE NUMBER (Include Area Code) (508) <i>503-4500 221240</i> 3b. HOME TELEPHONE NUMBER (Include Area Code) (508) <i>993-8358</i>	
INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), Sexual Orientation, National Origin (Specify), Age (Provide date of birth), Disability (Specify), and Reprisal for prior EEO activity or having opposed discrimination.			
FEARED THIS LOSS OF MY CAREER 7. BASIS <i>(What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)</i>		8. CLAIM(S) USED GRIEVANCE PROCESS <i>Reported being Assaulted by Patient (TS) Progress Note L. Patrick Soliciting Patient (TS) to Change Staff without TTS Morning Rounds Report of Assault & Battery on Staff-Treatment Team and Chief R. Hallatt (Psychological Eval Requested) Chief Hallatt orders Me off Unit Chief Hallatt Addresses Patient Community Fntt Accompli & Default By Identifying Staff against Patient (TS)</i>	
<i>Reprisal — Advocating for Treatment</i> <i>Reprisal — Same</i> <i>Reprisal — Details Me to GI Clinic, Assigning His Wife as Supervisor Details to Nursing Assistant Position 4 Month GI Reduction in Charges/Original Charges F110 7/28/99 Details to Transferring to Transitional Psychiatric Unit (I remain here at Present) 2 yrs 8 mo.</i> <i>Reprisal — Resolution sought John Little Chief HR Brockton ORDERS Audit, Discusses Issues</i> <i>Reprisal — ORDERED to be Certified Nursing Assistant</i> <i>Reprisal — Threats of being Written Up X3 & Fired Pd. S. Peters/By R. Watts</i>		9. DATE OF OCCURRENCE (Include the most recent date(s)) <i>April 4, 1999 April 5, 1999 April 5, 1999 April 13, 1999 April 14, 1999 April 14, 1999 April 16, 1999 July 28, 1999 Aug 2, 1999 June 13, 2000 Dec 2000 Jan 8, 2000</i>	
10. SUPPORTED BY <i>I HAVE NO Nursing Training Prior to Details — Resumes Enclosed Mr. R. Watts Maintains Hostile Feelings From a Previous Prior Relationship Prior Position Under Robert Hallatt of Which He is Very Aware Prior to Details Me Under Mr. Watts</i>			
11a. DO YOU HAVE A REPRESENTATIVE? <i>Awaiting the outcome of this process</i>		11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12b. NAME OF EEO COUNSELOR <i>Edwin C. Muller ORM (OBM)</i>	
12c. DATE OF INITIAL CONTACT WITH ORM <i>12/17/01</i>			
13. NOTE: If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (If more space is needed, use an additional sheet of paper.) <i>I FEARED LOSING MY CAREER DUE TO PRIORITY TO PAIN RESOLUTION BY GUARANTEES</i>			
14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14b. IF "YES," LIST THE CLAIM(S) AND DATE(S) OF FILING <i>Letter of Administration Aug 8, 1999 Oct 31, 2001</i>	
15a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED.	
16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16b. IF "YES," PROVIDE THE NAME AND ADDRESS <i>Addressed Previous through ADR Consideration Under Advisement</i>	
17. SIGNATURE OF COMPLAINANT (Do not print) <i>Harvey L. Stewart Jr</i>		18. DATE <i>3/26/02</i>	
<small>VA FORM NOV 1999 (R) 4939</small>		<small>PG 1 OF 9</small>	

Page 2 of 2

VA Department of Veterans Affairs		COMPLAINT OF EMPLOYMENT DISCRIMINATION		
1. NAME (Last, first, middle initial) (Please print)	2. MAILING ADDRESS		3a. WORK TELEPHONE NUMBER (Include Area Code) (508) 583-4500 FAX 1240	
Stewart, Harvey L. Jr.	P.O. Box 768 Fairhaven, MA. 02719		3b. HOME TELEPHONE NUMBER (Include Area Code) (508) 993-8358	
4. ARE YOU:	5a. JOB TITLE, SERIES AND GRADE	5. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED		
<input checked="" type="checkbox"/> A VA EMPLOYEE	Health Technician / Case Manager GS-640/6	Brockton VAMC 940 Belmont St. Brockton, MA. 02301		
<input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT	6b. SERVICE/SECTION/PRODUCT LINE			
<input type="checkbox"/> A FORMER VA EMPLOYEE	Domiciliary Service Mental Health Service Line			
INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), Sexual Orientation, National Origin (Specify), Age (Provide date of birth), Disability (Specify), and Reprisal for prior EEO activity or having opposed discrimination.				
<u>FEARED the Loss of My Career</u>				
7. BASIS	8. CLAIM(S) USED GRADING PROCESS (What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)			9. DATE OF OCCURRENCE (Include the most recent date(s))
1. Job Application	Submission of Supervisor's Comments of Application Request to upgrade My Professional Status			OCT 1, 2001
2. Repression	a) Verbal Administration For Scheduling ERROR b) Incident Report Written Against Me c) Letter of Administration Issued d) Letter of Counsel e) Informed: "You Have No Future In the VA because You Embarrassed Both Us."			OCT 9, 2001 OCT 11, 2001 OCT 22, 2001 OCT 6, 2001 APRIL 12, 2001
3. Resolution to Grievance Reprisal	Issued By: John Little Chief of Human Resources Brockton Audit ordered for Reclassification based on Duties performed While Working the Homeless Domiciliary - Mark Gallagher - Never Complaint			JUNE 2000
4. Complaints to EEO	False Charges Filed Against Me - Dropout No Resolution Inservice EEO Contract - Sharon O'Leary			APRIL 4, 1999 JULY 1988
10. REMEDIES SOUGHT	1) I would Request I be Cleared of All Accusations Against Me Formally 2) I would Request to be Allowed to Pursue a Position Consistent with My Education AND TRAINING To Include Completion of Audit & Appropriate Up Grade 3) I REQUEST THE PROVISIONS PROVIDED FOR IN VETERANS EMPLOYMENT OPPORTUNITIES ACT OF 1998 & MEMORANDUM #00-98-40 DATED 1-12-99 III C-3, VBA CER 301.103			
11a. DO YOU HAVE A REPRESENTATIVE? <u>Awaiting the Outcome of This Process</u>	11b. IF "YES" IS HE OR SHE AN ATTORNEY?	11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
12a. HAVE YOU CONTACTED AN EEO COUNSELOR?	12b. NAME OF EEO COUNSELOR			12c. DATE OF INITIAL CONTACT WITH ORM
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Edwin C. Muller ORM (OBM)			12/7/01
13. NOTE: If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were unable in seeking EEO counseling or why you are filing a complaint. (If more space is needed, use an additional sheet of paper.) <u>FEARED LOSING MY CAREER BEING UNABLE TO OBTAIN A RESOLUTION THROUGH A GRIEVANCE</u>				
14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE?	14b. IF "YES", LIST THE CLAIM(S) AND DATE IT WAS FILED AND DATE OF ADJUDICATION	15a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE?	15b. IF "YES", LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Aug 28, 1999 OCT 31, 2001	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE?	16b. IF "YES", PROVIDE THE NAME AND ADDRESS Address(es) provided through HDR Consideration Under Adjudication			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
17. SIGNATURE OF COMPLAINANT (Do not print)	18. DATE			
<u>Harvey L. Stewart Jr.</u>	PG 2 OF 3/9/02 (JetForm)			
VA FORM 10-1005-02 4939				